

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/551532**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		①		1		
5		①		1		
6		①		2		
7		①		2		
8		①		2		
9		①		2		
10		①		1		
11		①		1		
12		①		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17	1	①	1			
18		1		1		
19		1		1		
20		3		1		
21		①		1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	22	←	24	←		←
TOTAL CLAIMS	24		26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						